

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Shm</i>		08-17-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S B	92-895	05-23-01
RESPONSE FORMALITY REVIEW	<i>ph</i>	1020	10-18-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓ 6/12/03
2	✓
3	0
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	0
12	✓
13	=
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31	
32	✓
33	=
34	✓
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42	✓
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49	✓
50	✓

Claim	Date
Final Original	
51	✓ 6/12/03
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62	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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54/90  
 05/24/01  
 361  
 12/12/01